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	Type	L #	Hits	Search Text	DBs	Time Stamp	Comments	Error Definition	Errors
1	BRS	L1	2827	chemotherapy same (side adj effect)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:23			0
2	BRS	L2	37116	(hematopoietic adj toxicity) or (hematopoietic adj progenitor adj cell) or anemia or myelosuppression or pancytopenia or thrombocytopenia or neutropenia or lymphopenia or leukopenia or stomatitis or alopecia or headache or (muscle adj pain)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:31			0
3	BRS	L3	308	1 same 2	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:26			0
4	BRS	L4	5839	angiotensin adj II	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:27			0
5	BRS	L5	0	3 same 4	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:27			0
6	BRS	L6	3073	angiotensinogen or (angiotensin adj I)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:27			0
7	BRS	L7	1	(chemotherapy same (side adj effect)) same (angiotensinogen or (angiotensin adj I) or (angiotensin adj II))	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:37			0
8	BRS	L8	0	3 same (4 or 6)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:30			0

	Type	L #	Hits	Search Text	DBs	Time Stamp	Comments	Error Definition	Errors
9	BRS	L9	50034	cytokine or (granlocyte adj colony adj stimulating adj factor) or (granulocyte-macrophage-CSF) or (epidermal adj growth adj factor) or interleukin or thrombopoietin or (megakarycyte adj development adj growth adj factor) or pixkine or (stem adj cell adj factor) or (flt-ligand)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:36			0
10	BRS	L10	106	1 same 9	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:37			0
11	BRS	L11	0	1 same 9 same (4 or 6)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/06/30 08:37			0

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=> s (angiotensin I) or (angiotensin II) or angiotensinogen
L1      173311 (ANGIOTENSIN I) OR (ANGIOTENSIN II) OR ANGIOTENSINOGEN

=> s chemotherpy (p) (side effect)
L2            3 CHEMOTHERPY (P) (SIDE EFFECT)

=> s chemotherapy (p) (side effect)
   5 FILES SEARCHED...
L3        18473 CHEMOTHERAPY (P) (SIDE EFFECT)

=> s (hematopoietic toxicity) or (bone marrow) or anemia or myelosuppression or pancytopenia or th
L4      982513 (HEMATOPOIETIC TOXICITY) OR (BONE MARROW) OR ANEMIA OR MYELOSUPP
               RESSION OR PANCYTOPENIA OR THROMBOCYTOPENIA OR NEUTROPENIA OR
               LYMPHOPENIA OR LEUKOPENIA OR STOMATITIS OR HEADACH OR (MUSCLE
               PAIN)

=> s l1 (p) l2
L5            0 L1 (P) L2

=> s l1 (p) l3
L6           21 L1 (P) L3

=> s l6 (p) l4
L7            7 L6 (P) L4

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L8           13 DUPLICATE REMOVE L6 (8 DUPLICATES REMOVED)

=> d l8 1-13 ibib abs

L8   ANSWER 1 OF 13  CAPLUS  COPYRIGHT 2003 ACS
ACCESSION NUMBER:         1998:438670  CAPLUS
DOCUMENT NUMBER:          129:92270
TITLE:                    Clinical study on xenon-enhanced CT and its
                          methodological consideration
AUTHOR(S):                Hyotani, Genhachi
CORPORATE SOURCE:         Dep. Neurol. Surg., Wakayama Med. Coll., Wakayama,
                          640-0000, Japan
SOURCE:                   Wakayama Igaku (1998), 49(2), 223-233
                          CODEN: WKMIAO; ISSN: 0043-0013
PUBLISHER:                Wakayama Igakkai
DOCUMENT TYPE:            Journal
LANGUAGE:                 Japanese
AB   Following studies were performed to examine the hemodynamics of brain
     tumors, which seems to be useful to det. the appropriate adjuvant therapy;
     (1) basic study to establish the methodol. of the xenon-enhanced CT
     (Xe-CT), (2) measurement of the blood flow in and around the brain tumors,
     (3) blood flow changes under the induced hypertension.  An appropriate
     time of xenon inhalation and the reproducibility of the examn. were detd.
     in 8 volunteers.  Also, inadvertent effects of Xe-CT were studied in 428
     times examn.  The min. inhalation time to obtain the reliable and
     reproducible data was 4 min.  Major   ***side***     ***effects***   were
     not encountered, although 15% of these examns. failed because of patient's
     movement during xenon gas inhalation.  Blood flow in and around the brain
     tumor was measured in 37 patients with brain tumors (15 gliomas, 8
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metastatic brain tumors, 14 meningiomas). A high flow area usually corresponded to that includi[redacted]viable tumor cells, while low [redacted]w area consisted of tissue with necrosis or brain edema. However, it was difficult to est. the invasive area of the tumor around the contrast enhanced lesion by Xe-CT. These areas were usually demonstrated as low flow area and was difficult to differentiate from necrosis or edema without tumor invasion. The changes of tumor blood flow under induced hypertension were examd. in 12 malignant brain tumor patients. Blood flow was measured before and after the induced hypertension, when blood pressure rose to nearly 140% of their initial blood pressure using ***angiotensin*** ***II*** drip infusion. Tumor blood flow increased 305 under induced hypertension in av. Autoregulation of the blood flow was not preserved in malignant brain tumors. Therefore, ***chemotherapy*** under the induced hypertensive state seems to be effective by increasing the drug delivery into the tumor tissue.

L8 ANSWER 2 OF 13 MEDLINE DUPLICATE 1
ACCESSION NUMBER: 95153801 MEDLINE
DOCUMENT NUMBER: 95153801 PubMed ID: 7850915
TITLE: Phase II study of a new combined primary chemotherapy regimen, intravenous methotrexate and vincristine and intraarterial adriamycin and cisplatin, for locally advanced urinary bladder cancer: preliminary results.
AUTHOR: Kuroiwa T; Naito S; Hasuo K; Kishikawa T; Masuda K; Kumazawa J
CORPORATE SOURCE: Department of Radiology, Kyushu University, Fukuoka, Japan.
SOURCE: CANCER CHEMOTHERAPY AND PHARMACOLOGY, (1995) 35 (5) 357-63. Journal code: 7806519. ISSN: 0344-5704.
PUB. COUNTRY: GERMANY: Germany, Federal Republic of
DOCUMENT TYPE: (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199503
ENTRY DATE: Entered STN: 19950322
Last Updated on STN: 19950322
Entered Medline: 19950316

AB A phase II study of a new combination therapy was performed using intraarterial (i.a.) cisplatin and Adriamycin in combination with i.v. methotrexate and vincristine for 27 patients with invasive urinary bladder carcinoma of stages T2-3NOMO, and the therapeutic effects were assessed. Methotrexate (20 mg/m2) was given i.v. on days 1,15, and 22, and vincristine (0.7 mg/m2) was injected i.v. on day 2 before i.a. infusion therapy and on days 15 and 22. The i.a. ***chemotherapy*** was performed after both superior gluteal arteries had been embolized using 3- or 5-mm stainless-steel coils. A mixture of cisplatin (50-70 mg/m2) and Adriamycin (20 mg/m2) was infused i.a. via both internal iliac arteries over a period of 20-30 min. ***Angiotensin*** ***II*** (mean dose, 21 micrograms) was simultaneously infused i.a. in 15 of 27 patients. In 24 of the 27 patients, at least 2 cycles of full-dose ***chemotherapy*** were completed. The dose was decreased in the remaining 3 patients because of their poor health status and advanced age. Among the 27 patients, 9 and 14 had complete (CR) and partial responses (PR), respectively; 3 manifested no change (NC), and 1 had progressive disease (PD). The objective response rate (CR+PR) was 85.2%. Among the 27 patients staged T2-3 NOMO, 6 (CR, 1; PR, 5) underwent total cystectomies and 18 (CR, 8; PR, 8; NC, 2) had transurethral resection of a bladder tumor (TUR-Bt) or partial resections following ***chemotherapy*** . The remaining 3 diminished-dose patients had no surgery. Of the 27 patients, 22 were alive after a median follow-up period of 21+ (range, 7-48+) months. No significant ***side*** ***effect*** was observed except for lower extremity paresthesias in 5 patients (18.5%). These results point to the effectiveness of this therapy and to the possibility of urinary bladder preservation in patients with invasive, advanced urinary bladder cancers.

L8 ANSWER 3 OF 13 MEDLINE DUPLICATE 2
ACCESSION NUMBER: 92272030 MEDLINE
DOCUMENT NUMBER: 92272030 PubMed ID: 1590270
TITLE: Intraarterial infusion chemotherapy with [Sar1,Ile8]angiotensin II for bladder cancer.
AUTHOR: Morita T; Kikuchi T; Hara Y; Ishikawa S; Kobayashi Y; Ishiyama S; Tozuka K; Goto K; Takahashi K; Yoshikawa H; +
CORPORATE SOURCE: Department of Urology, Jichi Medical School, Tochigi, Japan.
SOURCE: AMERICAN JOURNAL OF CLINICAL ONCOLOGY, (1992 Jun) 15 (3)

188-93.
Journal code: [redacted]07754. ISSN: 0277-3732.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199206
ENTRY DATE: Entered STN: 19920710
Last Updated on STN: 19920710
Entered Medline: 19920623

AB Thirty-three patients with primary bladder cancer (nine stage T1 with multifocal tumors and 24 stage T2-4) were treated with intraarterial infusion ***chemotherapy*** including cisplatin, doxorubicin, and [Sar1,Ile8] ***Angiotensin*** ***II*** (AT II). Of the 32 evaluable patients, 12 had pathologically proven complete response (CR), 19 showed partial response (PR), and one showed no change (NC); the overall response rate (CR + PR) was 97%. The blood pressure increased in response to the administration of [Sar1,Ile8]AT II in all the patients; the mean increase in the systolic blood pressure was 36 mmHg. Most of the ***side*** ***effects*** were mild to moderate in severity, transient in nature, and included nausea/vomiting (100%), alopecia (84%), leukopenia (66%), headache (9%), nephrotoxicity (6%), diarrhea (3%), skin pigmentation (3%), and neurotoxicity (3%). One patient who dropped out of the study developed hemiplegia as a result of cerebral infarction. The findings indicate that it is necessary to exercise caution in selecting the patients to be subjected to this therapy. We conclude that intraarterial infusion ***chemotherapy*** combined with a vasoconstrictor has a significant effect not only against multifocal superficial bladder cancer but also against invasive bladder cancer.

L8 ANSWER 4 OF 13 MEDLINE
ACCESSION NUMBER: 92082261 MEDLINE
DOCUMENT NUMBER: 92082261 PubMed ID: 1746966
TITLE: Evaluation of induced hypertension chemotherapy (IHC) in ambulatory cancer patients.
AUTHOR: Sato H; Sugiyama K; Ishizuka K; Hoshi M; Urushiyama M
CORPORATE SOURCE: Dept. Clinical Cancer Chemotherapy, Research Institute for Cancer and Tuberculosis, Tohoku University, Sendai, Japan.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1991 Dec) 18 (15) 2509-16.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199201
ENTRY DATE: Entered STN: 19920202
Last Updated on STN: 20000303
Entered Medline: 19920114

AB To evaluate ambulatory cancer ***chemotherapy*** (ACC), the clinical response, dose intensity of anticancer drugs, toxicities, ambulatory periods (AP) and survival days (SD) were analysed among 20 outpatients with various types of advanced cancer who were continuously treated by ***angiotensin*** ***II*** -IHC for the past 10 years. ACC was assessed with a questionnaire by the patients themselves or their families. In advanced cancer, at first, it was essentially to obtain a get clinical response or to stabilize the condition for a while, and secondly, to upgrade the performance status in better grade. Although AP and SD were so differed with the individuals: AP/SD = 1692.2 +/- 1450.2 days/2075.0 +/- 1348.0 days for CR (n = 5); 1086.0 +/- 1160.2 days/1344.3 +/- 1143.7 days for PR (n = 10); and 197.3 +/- 129.2 days/471.7 +/- 362.5 days for PD (n = 3). Alopecia, nausea/vomiting and appetite loss were the most frequent ***side*** ***effects*** , though these were almost completely controllable by ACC. Patients and their families could be cooperated and allow receiving ACC. The key in fighting cancer is the formation of good human relationship between medical oncologists and patients (including their families) mutual confidence, and giving a sufficient explanation for therapies.

L8 ANSWER 5 OF 13 MEDLINE DUPLICATE 3
ACCESSION NUMBER: 92028175 MEDLINE
DOCUMENT NUMBER: 92028175 PubMed ID: 2130794
TITLE: Clinical evaluation of chemotherapy under angiotensin II-induced hypertension in patients with advanced cancer.
AUTHOR: Yamaue H; Tanimura H; Terashita S; Iwahashi M; Tani M; Tsunoda T; Tamai M; Mori K
CORPORATE SOURCE: Department of Gastroenterological Surgery, Wakayama Medical

College.
SOURCE: NIPPON GEKA H[illegible]N. ARCHIV FUR JAPANISCHE CHIRU[illegible]E, (1990 Jul 1) 59 (4) [illegible]02-9.
Journal code: 0421143. ISSN: 0003-9152.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199111
ENTRY DATE: Entered STN: 19920124
Last Updated on STN: 20000303
Entered Medline: 19911107

AB The clinical efficacy and indications for ***Angiotensin*** ***II*** (AT II)-induced hypertension ***chemotherapy*** were evaluated as a drug delivery system in 101 patients with advanced carcinoma. The sites of primary tumor studied included stomach (44), pancreas (18), colon (16), esophagus (6), bile duct (4), liver (3), breast (7) and 3 other single organs. Seventy four cases had distant metastases (lymph node (25), liver (29), peritoneum (16), and lung (4)). Additionally, the protocol was used 12 cases as postoperative adjuvant ***chemotherapy*** and 15 cases following exploratory laparotomy. The blood pressure was elevated to a level 1.5 times base-line. The regimens used consisted of MMC + ADR (55), FAM (38) and CDDP (8). The dosages administered were MMC 7 mg/m2, ADR 14 mg/m2 and 5-FU 350 mg/m2. The cancer ***chemotherapy*** protocol with AT II was repeated for an average of 2.6 cycles with a 2-3 week interval. The drug concentration in tumor tissues was increased 1.7 fold by AT II treatment. The response rate was 15.8% (CR 7 and PR 9), and in those patients with lymph node, liver and peritoneal metastases was 48.0, 6.9 and 6.3%, respectively. The serum levels of tumor markers decreased in 9 patients. Subjective symptoms, such as hoarseness, edema and pain, were improved. The mean survival in patients with distant metastasis who responded was 343 days, and in nonresponders was only 168 days (p less than 0.05). The ***side*** ***effects*** of this therapy were slight, typically being grade 1 and 2. Thus, the chemotherapeutic agents studied in conjunction with AT II were effective in patients with lymph node metastasis. Additionally, this regimen could be performed safely with minimal ***side*** ***effects*** .

L8 ANSWER 6 OF 13 MEDLINE
ACCESSION NUMBER: 90025160 MEDLINE
DOCUMENT NUMBER: 90025160 PubMed ID: 2802636
TITLE: Intra-arterial infusion chemotherapy with [Sar1, Ile8] angiotensin II in bladder cancer.
AUTHOR: Morita T; Kikuchi T; Hara Y; Ishikawa S; Kobayashi Y; Ishiyama S; Tozuka K; Goto K; Nakashima N; Takahashi K; +
CORPORATE SOURCE: Dept. of Urology, Jichi Medical School, Tochigi, Japan.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1989 Oct) 16 (10) 3417-22.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198911
ENTRY DATE: Entered STN: 19900328
Last Updated on STN: 19970203
Entered Medline: 19891122

AB Twenty patients with bladder cancer were treated with intra-arterial infusion ***chemotherapy*** using CDDP and ADM in combination with [Sar1, Ile8] ***angiotensin*** ***II*** . A catheter was introduced into internal iliac artery by Seldinger's technique, and 100 mg of CDDP, 50 mg of ADM and 1 mg of [Sar1, Ile8] ***angiotensin*** ***II*** were infused through the catheter for 40 minutes. CR was observed in 8 of 20 patients. PR in 11 and NC in 1. Therefore, the response rate (CR + PR) was 95% (19/20). ***Side*** ***effects*** were generally mild and consisted of leukopenia, nausea, vomiting, diarrhea, alopecia, skin pigmentation and headache. Catheter-related complications were not observed. This study demonstrated that intra-arterial infusion ***chemotherapy*** with CDDP and ADM in combination with [Sar1, Ile8] ***angiotensin*** ***II*** was extremely effective in treating patients with bladder cancer.

L8 ANSWER 7 OF 13 MEDLINE
ACCESSION NUMBER: 89272076 MEDLINE
DOCUMENT NUMBER: 89272076 PubMed ID: 2543322
TITLE: Angiotensin II-induced hypertension chemotherapy of bone and soft-tissue sarcomas.

AUTHOR: Tsuchiya H; Tomita K; Sugihara M; Shimizu H; Yasutake H; Morishita H; [redacted]ikawa S; Ohno M; Bunko H; Seto[redacted]
CORPORATE SOURCE: Dept. of Orthopedic Surgery, Kanazawa University, School of Medicine.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1989 Apr) 16 (4 Pt 2-3) 1776-81.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198906
ENTRY DATE: Entered STN: 19900309
Last Updated on STN: 19900309
Entered Medline: 19890623

AB We treated 14 patients with high grade sarcomas by ***angiotensin*** ***II*** -induced hypertension ***chemotherapy*** . The ***chemotherapy*** protocol described by Rosen was selected according to histological classification of sarcomas (small cell sarcoma, spindle cell sarcoma, pleomorphic sarcoma). The level of angiotensin-induced hypertension was one and half times as high as blood pressure at rest. Induced hypertension was maintained for 30-60 minutes. In three cases of 5 primary osteosarcomas, induced hypertension resulted in the increase of tumor stain and/or vascularity angiographically, and chemotherapeutic effects were CR or PR. The six cases with soft-tissue sarcomas were 2 cases each of CR, PR, and NC. The decrease of relative tumor blood flow under the condition of ***angiotensin*** ***II*** -induced hypertension was detected in 5 cases of 6 soft-tissue sarcomas by 133Xe clearance method. In the case of rhabdomyosarcoma, the decrease of tumor stain and vascularity by induced hypertension was observed on angiogram. As the ***side*** ***effects*** accompanying induced hypertension, nausea and chest oppression were noted in 2 cases, respectively. In this study it was suggested that ***angiotensin*** ***II*** -induced hypertension ***chemotherapy*** was effective for osteosarcoma, but that it might be ineffective for soft-tissue sarcomas.

L8 ANSWER 8 OF 13 MEDLINE
ACCESSION NUMBER: 89149125 MEDLINE
DOCUMENT NUMBER: 89149125 PubMed ID: 2645833
TITLE: Intra-arterial infusion chemotherapy: clinical applications and current status of therapeutic effects on various malignant tumors.
AUTHOR: Itsubo M; Kameda H
CORPORATE SOURCE: First Dept. of Internal Medicine, Jikei University School of Medicine.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1989 Feb) 16 (2) 199-206. Ref: 32
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: Japanese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198904
ENTRY DATE: Entered STN: 19900306
Last Updated on STN: 19900306
Entered Medline: 19890404

AB Intra-arterial infusion ***chemotherapy*** for various malignant tumors in order to improve the antitumor effects and to diminish the ***side*** ***effects*** has been performed in general since the 1950's. Numerous reports have shown favourable therapeutic effects followed by the development of the new anticancer agents. Although in recent years application of intra-arterial administration of anticancer agents alone has been limited to such target tumors as liver cancer because of application of mechanical arterial embolization using gelatin sponge cubes, attempts have been made to enhance the antitumor effect. In order to improve targeting and stagnancy of anticancer agents in the tumor area, drug delivery systems involving arrangement of the hemodynamics of the tumor area (balloon-occluded arterial infusion therapy, administration with vasoconstrictive agents such as noradrenaline or ***angiotensin*** ***II*** and/or as administration with various drug carriers (microcapsules, lipiodol, albumin microspheres, Degradable Starch Microspheres, liposomes, etc.) have been prepared and made available for clinical use with various tumors. Furthermore, development of totally implantable equipment of intra-arterial use for not only continuous infusion but one-shot injection of anticancer agents contributes to the

treatment of patients longer and more frequently with less trouble. In the future intra-arterial infusion ***chemotherapy*** will have an important role for treatment of various malignant tumors, especially as one part of multimodal treatments, although the pharmacokinetics should be more fully-studied.

L8 ANSWER 9 OF 13 MEDLINE
ACCESSION NUMBER: 88182285 MEDLINE
DOCUMENT NUMBER: 88182285 PubMed ID: 2451473
TITLE: Hepatic artery infusion chemotherapy with cisplatin and adriamycin in combination with angiotensin-II in the treatment of malignant liver tumors.
AUTHOR: Morita S; Matsumoto S; Odani R
CORPORATE SOURCE: Dept. of Radiology, Kochi Municipal Central Hospital.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1988 Apr) 15 (4 Pt 1) 689-95.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198805
ENTRY DATE: Entered STN: 19900308
Last Updated on STN: 19960129
Entered Medline: 19880510

AB Hepatic arterial infusion ***chemotherapy*** with cisplatin (CDDP) and adriamycin (ADR) in combination with ***angiotensin*** - ***II*** (AT-II) was performed in 19 cases of hepatocellular carcinoma (HCC), 16 cases of metastatic liver tumor (MLT) and one case of cholangiocellular carcinoma. CDDP (60-120 mg) and ADR (20-50 mg) were infused into the hepatic artery with intra-arterial instillation of AT-II (0.5-1.5 microgram/min). Transcatheter arterial embolization (TAE) was additionally performed in 10 cases of HCC and 3 cases of MLT. The response rates for infusion ***chemotherapy*** combined with TAE were 44% in HCC and 67% in MLT. On the other hand, the response rates without TAE were 0% in HCC and 42% in MLT. In some cases of HCC, however, a marked decrease in serum alpha-fetoprotein levels was observed despite the lack of effectiveness evaluated by CT scan and angiography. Although minor ***side*** ***effects*** were noted such as a mild degree of leukocytopenia and/or thrombocytopenia and hepatic and/or renal dysfunction, they were only temporary with a duration of less than 3 or 4 weeks. In 4 patients with HCC without TAE treatment, however, lethal ***side*** ***effects*** occurred including pancytopenia, hepatic failure and disseminated intravascular coagulation, and they died within 2 months after infusion ***chemotherapy*** . Renal failure was not seen in either group.

L8 ANSWER 10 OF 13 MEDLINE
ACCESSION NUMBER: 87183581 MEDLINE
DOCUMENT NUMBER: 87183581 PubMed ID: 3566300
TITLE: Two-route chemotherapy using the anticancer drug cis-diamminedichloroplatinum(II) and its antidote, sodium thiosulfate.
AUTHOR: Kuroiwa T; Baba T
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1987 Apr) 14 (4) 1011-7.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198705
ENTRY DATE: Entered STN: 19900303
Last Updated on STN: 19900303
Entered Medline: 19870513

AB We described the efficacy of "two-route ***chemotherapy*** (TRC)", in which the anticancer drug, cis-diamminedichloroplatinum (II) (DDP), is injected locally, in combination with its antidote, sodium thiosulfate (STS), given systemically. First, we tested the protective effect of sulfur-containing compounds against DDP toxicity, and found STS to be the most potent antidote of DDP. On the basis of this finding, we developed TRC using DDP and STS, and applied it for liver and lung metastasis, bladder cancer, and peritoneal disseminated tumors in experimental animals, resulting in remarkable antitumor effects without serious ***side*** ***effects*** , especially nephrotoxicity. Furthermore, we obtained an optimal increase in the lifespan of rats bearing limb tumors when we tried TRC in combination with the ***angiotensin***

II (AT-II)-induced hypertension method. We also clarified that the protection of STS against DDP toxicity was mainly due to diminution of the active platinum level in blood. We briefly reviewed the clinical trials of TRC, and discussed the improvements which still have to be made.

L8 ANSWER 11 OF 13 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
ACCESSION NUMBER: 1987:170063 BIOSIS
DOCUMENT NUMBER: BA83:88504
TITLE: PREOPERATIVE INTRA-ARTERIAL INFUSION CHEMOTHERAPY FOR ADVANCED BREAST CANCER.
AUTHOR(S): ABE H
CORPORATE SOURCE: DEP. OF SURGERY I, SCH. OF MED., IWATE MED. UNIV., MORIOKA, JAPAN.
SOURCE: J IWATE MED ASSOC, (1986 (RECD 1987)) 38 (4), 471-482. CODEN: IIZAAX. ISSN: 0021-3284.
FILE SEGMENT: BA; OLD
LANGUAGE: Japanese
AB During the period from 1982 through 1984, twenty patients with advanced breast cancer of Stage III and IV (TNM classification) were treated with preoperative intra-arterial infusion ***chemotherapy*** and radical mastectomy. For the purpose of preoperative intra-arterial infusion, two catheters were inserted in the subclavian artery via the superficial cervical artery and internal mammary artery via the superiorepigastric artery, respectively. Twenty patients were divided into four groups according to the administered drugs. Group 1: 6 patients administered Adriamycin (ADM) alone. Group 2: 6 patients administered ADM and 5-fluorouracil (5 FU). Group 3: 4 patients administered ADM with a infusion ***Angiotensin*** ***II*** (AT II) through the peripheral vein. Group 4: 4 patients administered ADM and 5 FU with use of AT II. ADM was given three times during 9 days in a 4 groups and total dose of ADM was 150 mg, and 250 mg of 5 FU was given every day in the Group 2 and the Group 4. After blood pressure was elevated by using AT II, ADM was administered through intrarterial catheter for 5 minutes in the Group 3 and the Group 4. Size of tumor and metastatic lymph nodes were measured, and reduction rate was calculated. Resected breast and lymph nodes were evaluated histologically according to Ohboshi and Shimosato's criterion. ***Side*** ***effects*** were also observed in the present study. The results were summarized as follows; 1) Reduction rate of all patients was 57.7 .+-. 26.3% in tumors and 68.9 .+-. 35.3% in lymph nodes, respectively. 2) There were no significant differences in the reduction rate among four groups. 3) Effective histological changes of the tumor were found in 61.1% of all patients, and that of the lymph nodes were found in 43.8%. 4) The most effective histological changes were observed in the Group 4. 5) ***Side*** ***effects*** frequently observed were gastro-intestinal disorder, stomatitis, dermatitis, alopetia, leukopenia and thrombocytopenia, but there were no patients who were discontinued the treatment because of ***side*** ***effects*** .

L8 ANSWER 12 OF 13 MEDLINE DUPLICATE 4
ACCESSION NUMBER: 86135323 MEDLINE
DOCUMENT NUMBER: 86135323 PubMed ID: 3937720
TITLE: Hypertensive chemotherapy of advanced gastric cancer.
AUTHOR: Bai X W
SOURCE: CHUNG-HUA CHUNG LIU TSA CHIH [CHINESE JOURNAL OF ONCOLOGY], (1985 Sep) 7 (5) 380-1. Journal code: 7910681. ISSN: 0253-3766.
PUB. COUNTRY: China
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Chinese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198604
ENTRY DATE: Entered STN: 19900321
Last Updated on STN: 20000303
Entered Medline: 19860415
AB Hypertensive ***chemotherapy*** of advanced gastric cancer is reported in this paper. The blood pressure of the patient was first elevated by intravenous ***angiotensin*** ***II*** , then mitomycin C was given for two consecutive days at doses of 20 mg and 10 mg. Out of 20 cases, it was effective in 11 (55%), especially for those with Borrmann III and IV types and poorly differentiated adenocarcinoma which recurred after subtotal gastrectomy. The ***side*** ***effect*** of this treatment was not marked and the response satisfactory Therefore, it may easily be accepted as the treatment for advanced gastric cancer.

L8 ANSWER 13 OF 13 MEDLINE
ACCESSION NUMBER: 85120947 MEDLINE

DOCUMENT NUMBER: 85120947 PubMed ID: 4038597
TITLE: Intra-arterial infusion chemotherapy for non-resectable pancreatic cancer using angiotensin-II and prostaglandin-E1.
AUTHOR: Ishikawa O; Ohhigashi H; Iwanaga T
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (1985 Feb) 12 (2) 235-44.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198503
ENTRY DATE: Entered STN: 19900320
Last Updated on STN: 19900320
Entered Medline: 19850320

AB We have developed a new method of intra-arterial infusion ***chemotherapy*** for non-resectable pancreatic cancer, in order to facilitate the selective delivery of a large amount of anticancer agent to the cancer lesion. This method was carried out as follows: (1) retrograde cannulation was performed by inserting a catheter into the splenic artery after splenectomy, and many of its branches were dissected out around the body and tail of the pancreas: (2) anticancer drugs (Adriamycin and Methotrexate) were infused together with ***Angiotensin*** - ***II*** to decrease the blood flow to non-malignant tissue and to increase the flow to cancer tissue. (3) Twenty-four to 48 hours after Methotrexate was infused, rescue was performed with an infusion of Prostaglandin-E1 to reduce the degree of cytotoxic damage to normal tissue. By using these methods, it was ascertained that a large quantity of the drugs had accumulated in the cancer tissue, even though its original blood flow had been established as very poor by radioisotope and angiographical examination. This therapy was useful not only for anticancer effects on the primary lesion but also the prevention of liver metastasis. Moreover, Methotrexate and rescue therapy were shown to have no remarkable ***side*** ***effects*** .

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=> d his

     (FILE 'HOME' ENTERED AT 08:40:51 ON 30 JUN 2003)

     FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH, AGRICOLA' ENTERED AT
     08:41:10 ON 30 JUN 2003
L1       173311 S (ANGIOTENSIN I) OR (ANGIOTENSIN II) OR ANGIOTENSINOGEN
L2            3 S CHEMOTHERPY (P) (SIDE EFFECT)
L3        18473 S CHEMOTHERAPY (P) (SIDE EFFECT)
L4       982513 S (HEMATOPOIETIC TOXICITY) OR (BONE MARROW) OR ANEMIA OR MYELOS
L5            0 S L1 (P) L2
L6           21 S L1 (P) L3
L7            7 S L6 (P) L4
L8           13 DUPLICATE REMOVE L6 (8 DUPLICATES REMOVED)

=> s cytokine or (granlocyte colony stimulating factor) or (granulocyte macrophage CSF) or (epider
   3 FILES SEARCHED...
L9       889801 CYTOKINE OR (GRANLOCYTE COLONY STIMULATING FACTOR) OR (GRANULOCY
                TE MACROPHAGE CSF) OR (EPIDERMAL GROWTH FACOTR) OR INTERLEUKIN
                OR (MEGAKARYOCYTE DEVELOPMENT GROWTH FACTOR)

=> s (epidermal growth factor)or thrombopoietin or pixykine or (stem cell factor) or (flt-ligand)
   3 FILES SEARCHED...
   5 FILES SEARCHED...
L10      166903 (EPIDERMAL GROWTH FACTOR) OR THROMBOPOIETIN OR PIXYKINE OR (STEM
                CELL FACTOR) OR (FLT-LIGAND)

=> s l9 or l10
L11     1033812 L9 OR L10

=> s l6 (p) l11
L12           0 L6 (P) L11

=> d his

     (FILE 'HOME' ENTERED AT 08:40:51 ON 30 JUN 2003)

     FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH, AGRICOLA' ENTERED AT
     08:41:10 ON 30 JUN 2003
L1       173311 S (ANGIOTENSIN I) OR (ANGIOTENSIN II) OR ANGIOTENSINOGEN
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L2            3 S CHEMOTHERPY (P) (SIDE EFFECT)
L3        18473 S CHEMOTHERAPY (P[redacted]IDE EFFECT)
L4       982513 S (HEMATOPOIETIC TOXICITY) OR (BONE MARROW) OR ANE[redacted] OR MYELOS
L5            0 S L1 (P) L2
L6           21 S L1 (P) L3
L7            7 S L6 (P) L4
L8           13 DUPLICATE REMOVE L6 (8 DUPLICATES REMOVED)
L9       889801 S CYTOKINE OR (GRANLOCYTE COLONY STIMULATING FACTOR) OR (GRANUL
L10      166903 S (EPIDERMAL GROWTH FACTOR)OR THROMBOPOIETIN OR PIXYKINE OR (ST
L11     1033812 S L9 OR L10
L12           0 S L6 (P) L11

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COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                      ENTRY    SESSION
FULL ESTIMATED COST                                  124.91     125.12

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)          SINCE FILE      TOTAL
                                                      ENTRY    SESSION
CA SUBSCRIBER PRICE                                   -0.65      -0.65

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